

# Michigan Department of Community Health

EMS and Trauma Section

201 Townsend Street

Lansing, Michigan 48913

<b>MDCH USE ONLY</b>		Date Amendments Requested: _____
Date Received at MDCH: _____	Date Rec'd by Regional Coordinator: _____	Date Amendments Received: _____
Date Reviewed by Reg'l Coord.: _____		Date of On-Site: _____
		Date Report form sent to MDCH: _____
Recommended Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Regional Coordinator Signature: _____		

## EMS EDUCATION PROGRAM SPONSOR RE-APPROVAL APPLICATION

***\*\*PLEASE SUBMIT TWO COMPLETE COPIES OF THE APPLICATION AND ALL ATTACHMENTS\*\****

This application is to be completed jointly by the Program Sponsor's Course Coordinator and a representative of the Program Sponsor. **All applications must be received by MDCH at least 60 days prior to the expiration of the initial approval for the continuance of programs. Applications received less than 60 days prior to expiration must be submitted on an Initial Application, BHPPA-EMS-136 form.** Re-approval of an education program for emergency medical services personnel is predicated upon completion and submission of this application as prescribed by PA 368 of 1978, as amended, and applicable rules, and compliance with MDCH Education Program Requirements for the respective program level. **Re-approval criteria are the same as the initial program sponsor criteria.**

The Michigan Department of Community Health, or its designated representatives, reserves the right to request copies of all documentation relevant to the conduct of this program and upon which approval is granted and to make on-site evaluation visits and follow-up monitoring visits as the Department shall deem appropriate.

Programs will be scheduled for an on-site re-evaluation by the Regional Coordinator. Random review of compliance with program approval criteria will be conducted at that time. Re-approval of the program will be based on the on-site report recommendation to MDCH.

Program re-approval may be awarded for up to three years. For course offerings within the approval period, the sponsor must submit form BHPPA-EMS-136a and attachments to the Regional Coordinator at least 30 days prior to start of the course.

Program sponsors with accreditation from Joint Review Committee on Educational Programs for EMT-Paramedic must submit this application with a copy of verification of current accreditation from JRC and must complete questions 1-6. Programs with current JRC accreditation will be approved for all four levels of EMS education. For additional course offerings, form BHPPA-EMS-136a must be submitted as noted above.

1.

Education Program Sponsor		Current Approval Number		Expiration Date	
Address					
City		State		Zip	County
Contact person (other than I/C) if questions arise regarding this application					
Name		Title		Telephone Number	
( )					

2.

**List all Course Locations (building, room #, street address, city, zip)**

3.

**Course Coordinator (I/C):**

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

MI I/C License #: \_\_\_\_\_ I/C ID#: \_\_\_\_\_

**My signature affirms that I understand that the rules pursuant to PA 368 of 1978, as amended, require that a licensed I/C be in attendance at all didactic and practical sessions (including MFR level).**

Original Signature: \_\_\_\_\_ Date \_\_\_\_\_

4.

**Physician Director:**

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**My signature affirms my commitment to serve as Physician Director and to comply with all MDCH requirements for education program physician directors, as described in the program approval packet.**

Original Signature (Please indicate M.D. or D.O.) \_\_\_\_\_ Date \_\_\_\_\_

5.

**Sponsor:**

I affirm that all information submitted in response to this application is true and that the EMS education programs under our sponsorship are consistent with the Michigan Department of Community Health education program requirements and written and practical performance objectives. I also affirm that all program instructors and subject matter experts possess the knowledge and skills appropriate to their area of instruction and that classes will be taught in an appropriate education environment.

I certify that I am the authorized representative of the Program Sponsor, and that I am authorized to sign this application on the Program Sponsor's behalf. **I affirm by my signature that this program will follow all course requirements as set forth and approved by MDCH and that any changes from the information submitted herein will be submitted to MDCH for approval before they are implemented. I understand that any misrepresentation of the information provided as part of this application may result in non-approval or revocation of existing approval.**

Printed Name of Education Program Sponsor \_\_\_\_\_

Printed Name of Authorized Individual	Title	Telephone Number ( )
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Original Signature – Authorized Individual	Date
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6. Re-Approval Application Required Attachments:

- a. Attach a written report completed by the Program Sponsor's representative and the Course Coordinator that summarizes the following information:
  - 1) Specify any changes that have occurred within the program since the initial application process. Summarize the review of documents and any improvements that were made.
  - 2) Provide documentation of the number of classes that have been held during the last approval period, the number of graduating students, attrition rates, and successful completion rates on the licensing exams.
  - 3) Summarize the Physician Director's involvement with the program over the last approval period.
  - 4) Summarize which clinical sites are being used for clinical opportunities and which clinical objectives are obtained at each site.
- b. Provide all supporting documentation related to the approval criteria that have been changed or updated. (for example; if the Physician Director has changed -attach a copy of the formal affiliation verification, physician's license, written position description, verification of emergency care experience and knowledge of EMS systems.) Attach copies of any policies/procedures that have changed related to the syllabus, clinical, operational or program evaluation criteria since the last approval.
- c. Provide a current course syllabus for each upcoming course scheduled.